



# WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

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1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) CW 61      POD 504				OSE FILE NUMBER(S) 1605 & B -28				
	WELL OWNER NAME(S) Homestake Mining Co.				PHONE (OPTIONAL)				
	WELL OWNER MAILING ADDRESS P.O. Box 98 Hwy. 605				CITY Grants		STATE NM	ZIP 87020	
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE	MINUTES N	SECONDS W	* ACCURACY REQUIRED: ONE TENTH OF A SECOND * DATUM REQUIRED: WGS 84				
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS									
2. OPTIONAL	(2.5 ACRE) ¼	(10 ACRE) NW ¼	(40 ACRE) NE ¼	(160 ACRE) NE ¼	SECTION 27	TOWNSHIP 12	<input checked="" type="checkbox"/> NORTH <input type="checkbox"/> SOUTH	RANGE 10	<input type="checkbox"/> EAST <input checked="" type="checkbox"/> WEST
	SUBDIVISION NAME				LOT NUMBER	BLOCK NUMBER	UNIT/TRACT		
	HYDROGRAPHIC SURVEY				MAP NUMBER		TRACT NUMBER		
3. DRILLING INFORMATION	LICENSE NUMBER WD-1451		NAME OF LICENSED DRILLER Weston Bohannon			NAME OF WELL DRILLING COMPANY Coyote Drilling Inc.			
	DRILLING STARTED 8-16-12		DRILLING ENDED 8-16-12		DEPTH OF COMPLETED WELL (FT) 130	BORE HOLE DEPTH (FT) 130		DEPTH WATER FIRST ENCOUNTERED (FT) 108'	
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)						STATIC WATER LEVEL IN COMPLETED WELL (FT)		
	DRILLING FLUID: <input type="checkbox"/> AIR <input checked="" type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:								
	DRILLING METHOD: <input checked="" type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:								
	DEPTH (FT)		BORE HOLE DIA. (IN)	CASING MATERIAL	CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)	
	FROM	TO							
	0		130	10	PVC	glue	5"	sch 40	.032
4. WATER BEARING STRATA	DEPTH (FT)		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)				YIELD (GPM)	
	FROM	TO							
	108		133	35	middle chinle				10+
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA air						TOTAL ESTIMATED WELL YIELD (GPM) 10+			

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<b>5. SEAL AND PUMP</b>	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	<b>ANNULAR SEAL AND GRAVEL PACK</b>	<b>DEPTH (FT)</b>		<b>BORE HOLE DIA. (IN)</b>	<b>MATERIAL TYPE AND SIZE</b>	<b>AMOUNT (CUBIC FT)</b>	<b>METHOD OF PLACEMENT</b>
		<b>FROM</b>	<b>TO</b>				
		108	0				
	108	133	10	8/12 sand	24 sacks	pour	

  

<b>6. GEOLOGIC LOG OF WELL</b>	<b>DEPTH (FT)</b>		<b>THICKNESS (FT)</b>	<b>COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)</b>	<b>WATER BEARING?</b>
	<b>FROM</b>	<b>TO</b>			
	0	20	20	sand	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	20	60	40	brown clay	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	60	70	10	red clay	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	70	73	03	sand stone	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	73	108	35	clay	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	108	133	25	sand stone	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL.

  

<b>7. TEST &amp; ADDITIONAL INFO</b>	<b>WELL TEST</b>	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.	
	ADDITIONAL STATEMENTS OR EXPLANATIONS:	

  

<b>8. SIGNATURE</b>	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING.	
	 SIGNATURE OF DRILLER	8-16-12 DATE

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